



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **RPMS EHR Remote Configuration & End User Training**

## **Announcement and Agenda**

July 29<sup>th</sup>-August 2<sup>nd</sup> 2013

Native Americans for Community Action, Inc. (NACA)

Flagstaff, Arizona

## Table of Contents

<b>1.0</b>	<b>General Information .....</b>	<b>1</b>
1.1	Prerequisites.....	1
<b>2.0</b>	<b>Background.....</b>	<b>2</b>
2.1	Health Information Technology for Economic and Clinical Health Act	2
2.2	Incentive Payments .....	2
2.3	Meaningful Use.....	3
<b>3.0</b>	<b>Learning Objectives .....</b>	<b>4</b>
<b>4.0</b>	<b>RPMS EHR Consultants .....</b>	<b>6</b>
4.1	Indian Health Service Office of Information Technology (OIT).....	6
4.2	Navajo Area: .....	6
4.3	United South and Eastern Tribes (USET) REC: .....	6
<b>5.0</b>	<b>Detailed Agenda .....</b>	<b>7</b>

## 1.0 General Information

### 1.1 Prerequisites

- This activity will be oriented towards Clinical Application Coordinators, Pharmacy Informaticist, Laboratory Informaticist, HIM Professionals, Site Managers, “EHR” Implementation Team Leaders” and other “EHR Team Members” involved with the set-up and implementation of EHR. This advanced activity assumes that participants are Intermediate to Advanced RPMS Users and have experience with RPMS Packages to include:
  - Patient Registration
  - Scheduling
  - Pharmacy
  - Laboratory
  - Radiology
  - Patient Tracking
  - Diabetes Management System
  - Immunization
  - Women’s Health
  - Clinical Reporting System
  - Q-Man
  - PCC Management Reports
  - TIU

## 2.0 Background

- On February 17, 2009, President Barack H. Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA provides incentives to encourage healthcare organizations and office-based physicians to adopt electronic health records (EHRs) and other health information technology (HIT) solutions that reduce costs by improving quality, safety and efficiency. The American Recovery and Reinvestment Act contain numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones are related to standards and the work of the Healthcare Information Technology Standards Panel.

### 2.1 Health Information Technology for Economic and Clinical Health Act

- The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than \$19 billion towards healthcare IT related initiatives. The \$19 billion dedicated to HITECH is divided into two portions: (a) \$17 billion toward a Medicare/Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate “meaningful use” of an approved EHR, and (b) \$2 billion available to: providers located in qualifying rural areas; providers serving underserved urban communities; and Indian tribes. “Meaningful use” of an approved EHR will be required in order for providers to qualify for, and continue to receive, benefits from HITECH.

### 2.2 Incentive Payments

- ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Hospitals that demonstrate meaningful use of certified EHRs and other HIT could be eligible for between \$2 million to \$8 million. Incentive payments are triggered when an eligible provider (EP) or eligible hospital (EH) demonstrates that it has become a “meaningful EHR user.” The highest incentive payments will be granted to EPs and EHs that adopt EHR technology in years 2011, 2012 or 2013. Reduced incentive payments are granted to EPs and EHs that adopt EHR technology in years 2014 or 2015, while no incentive payments are granted to EPs and EHs that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

## 2.3 Meaningful Use

- “Meaningful use” is a term used by CMS to ensure that providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs and EHs will achieve meaningful use if they: (a) demonstrate use of certified EHR technology in a meaningful manner, (b) demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care, and (c) use certified EHR technology to submit information on clinical quality and other measures.
- Achieving meaningful use will be accomplished in three stages. Stage 1 began in 2011, Stage 2 will begin in 2013, and Stage 3 will begin in 2015. The criteria for achieving meaningful use will increase with each stage and will build upon the prior stage. Medicare and/or Medicaid incentives are available to providers and hospitals who become meaningful users of certified EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.
- For the 2011 Medicare incentives, EPs must report on three core measures and a set of specialty measures which vary depending on the EP’s specialty. Eligible hospitals must report on a set of 35 measures that includes emergency department, stroke and VTE, among other measures. 2011 reporting of clinical quality measures will be accomplished by attestation. Beginning in 2012 for both Medicare and Medicaid incentives, EPs and hospitals must submit information electronically on both the health IT functionality and clinical quality measures.

## 3.0 Learning Objectives

- The first health outcomes policy priority specified by the HIT Policy Committee is improving quality, safety, efficiency and reducing health disparities. The HIT Policy Committee has identified objectives and measures for providers to address this priority:
- Provide access to comprehensive patient health data for patient's healthcare team.
- Use evidence-based order sets and computerized provider order entry (CPOE).
- Apply clinical decision support at the point of care.
- Generate lists of patients who need care and use them to reach out to those Patients
- Report information for quality improvement and public reporting.
- Use CPOE – 10%
- Implement drug-drug, drug-allergy, drug-formulary checks.
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 CM or SNOMED CT® - 80% of all patients have at least one problem recorded
- Generate and transmit permissible prescriptions electronically (eRx) – 75% of all prescriptions
- Maintain active medication list – 80% of all patients
- Maintain active medication allergy list – 80% of all patients have allergy or no allergy recorded.
- Record the following demographics: preferred language, insurance type, gender, race, and ethnicity, and date of birth. – 80% of all patients
- Record and chart changes in the following vital signs: height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over; plot and display growth charts for children 2 - 20 years, including BMI – 80% of all patients.
- Record smoking status for patients 13 years old or older – 80% of all patients.

- Incorporate clinical lab-test results into EHR as structured data – 50% of all clinical lab results ordered by provider.
- Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach – Generate at least one list
- Report hospital quality measures to CMS.
- Send reminders to patients per patient preference for preventive/follow-up care to at least 50% of patients with unique conditions.
- Implement five clinical decision support tools.
- Check insurance eligibility electronically from public and private payers – 80% of all patients.
- Submit claims electronically to public and private payers – 80% of all patients.

## **4.0 RPMS EHR Consultants**

### **4.1 Indian Health Service Office of Information Technology (OIT)**

- David Taylor, MHS, RPh, PA-C, RN, OIT EHR Training and Deployment Manager
- Phil Taylor, BA RN, Clinical Consultant (Contractor MedSphere)
- Mollie Ayala, MHI, OIT USET EHR Coordinator
- Catherine Whaley, PMP, EHR Project Manager (Contractor, Data Network Corporation)
- Deborah Burkybile, MSN, RN, CPC, OIT EHR Deployment/Training Specialist
- Cynthia Perez, IHS/OIT/Urban Indian Health Programs
- Donna Nicholls, MSB, Meaningful Use Consultant (Contractor, Data Network Corporation)
- Janna Morris, MPA, MT(ASCP), OIT USET EHR Laboratory Consultant
- Pam Spaeth, MT(ASCP), OIT USET EHR Laboratory Consultant
- Jennie Chase-Wilson, MS, MT(ASCP), OIT USET EHR Laboratory Consultant

### **4.2 Navajo Area:**

- Keri Cody, Navajo Area Division of MIS/IRM-IT Branch

### **4.3 United South and Eastern Tribes (USET) REC:**

- Kelly Samuelson, CAC Mentor, USET Contractor



## 5.0 Detailed Agenda

All times are Arizona Time!

Monday		
8:30	<p>Welcome and Introductions:</p> <p><b>All</b></p> <p>At the end of this session participants should be able to:</p> <ul style="list-style-type: none"> <li>Identify Participant Needs and Expectations (Think Tank)</li> <li>Identify Roles and Responsibilities of the Clinical Application Coordinator, Site Manager, Informaticist, EHR, Super End User, EHR User, and EHR Team</li> <li>Review IHS EHR Web Page</li> <li>Review FTP site</li> <li>Listserv – archives</li> <li>RPMS enhancement request</li> <li>Project Management Plan Update</li> </ul>	
10:00	<b>Break</b>	
10:15	<p><b>User Setup: (Site Manager &amp; CAC)</b></p> <p>Add a New User, Personal Preferences</p> <p>At the end of this session, participants should be able to:</p> <ul style="list-style-type: none"> <li>Identify various data components that are required when setting up a new user</li> <li>Demonstrate the steps used in establishing an electronic signature for the new user</li> <li>Compare and Contrast the Functionalities of the ORES, ORELSE, and OREMAS Ordering Keys</li> <li>Review Personal Preferences</li> <li>Person Class</li> </ul>	
12:00	<b>Lunch</b>	
1:00	<p><b>Parameter Configuration (Site Manager &amp; CAC)</b></p> <ul style="list-style-type: none"> <li>Basic EHR Set-Up</li> <li>Patient Context Configuration</li> <li>Encounter Context Configuration</li> <li>TIU Configuration</li> <li>TIU User Class</li> <li>Setting Up Basic Document Parameters</li> <li>Creating Note Titles</li> <li>Notifications Configuration</li> <li>Order Entry Configuration</li> <li>OE/RR Security Keys</li> <li>Order Checks</li> <li>Order Parameters</li> <li>Print Report Parameters</li> <li>Remaining Master EHR Parameter Configuration</li> </ul>	
3:00	<b>Break –</b>	
3:15	<b>Parameter Configuration Continued(Site Manager &amp; CAC)</b>	
4:30	<b>Adjournment</b>	

<b>Tuesday</b>		
8:30	<b>All</b> Review Previous Days Activities(Think Tank)	
9:00	<b>TIU Templates(Site Manager &amp; CAC)</b> <ul style="list-style-type: none"> <li>• Delineate guidelines for TIU Templates</li> <li>• Overview and demonstration of data objects</li> <li>• Review importing and exporting templates</li> <li>• Configure TIU Templates</li> </ul>	
10:00	<b>Break</b>	
10:15	<b>Generic Orders (CAC, Nursing Staff)</b> <ul style="list-style-type: none"> <li>• Identify and create Nursing and Text Orders</li> <li>• Overview and discuss Generic Order's</li> <li>• Create and demonstrate generic order</li> <li>• Review generic orders display in EHR</li> </ul>	
12:00	<b>Lunch –</b>	
1:00	<b>Picklist(HIM, CAC, Coding, Diabetes Education)</b> <ul style="list-style-type: none"> <li>• Patient Education</li> <li>• ICD 9</li> <li>• Superbill</li> <li>• Review of basic troubleshooting and maintenance</li> <li>• Demonstrate and discuss Importing and exporting</li> </ul>	
2:30	<b>Break</b>	
2:45	<b>Quick Notes(Site Manager &amp; CAC)</b> <ul style="list-style-type: none"> <li>• Demonstrate set up and implementation of Quick notes</li> <li>• Identify steps to train others to use Quick notes</li> </ul> <b>Health Summaries &amp; Reports(Site Manager &amp; CAC)</b> <ul style="list-style-type: none"> <li>• Configuration of PWH &amp; PWH Med Rec button</li> <li>• Hang Reports</li> </ul>	
4:00	<b>All</b> Wrap-up and Evaluation of Daily Activity: <ul style="list-style-type: none"> <li>• Questions and answers</li> <li>• Discuss “where do we go from here” (Think Tank)</li> </ul>	
4:30	<b>Adjournment</b>	

<b>Wednesday</b>		
8:30	<b>All</b> Review Previous Days Activities(Think Tank)	
9:00	<b>Consults</b> <ul style="list-style-type: none"> <li>Identify and create consults</li> <li>Review and discuss closing a consult</li> <li>Overview and demonstrate attaching a TIU template to a consult</li> <li>Demonstrate how to run consult report and discussion of RPMS keys</li> </ul>	
10:00	<b>Break</b>	
10:15	<b>Clinic Set up (CAC &amp; Scheduling &amp; Coding &amp; HIM)</b> <ul style="list-style-type: none"> <li>Review Existing Clinic Set-up</li> </ul>	
12:00	<b>Lunch</b>	
1:00	<b>Customizing the EHR Graphical User Interface - Design Mode</b> <b>EHR V1.1 P11</b> <b>BJPN Prenatal Module (Pregnancy Issues &amp; Problems, Prenatal Pick List)</b> <b>Phil Taylor (Site Manager &amp; CAC)</b> During this session participants will: <ul style="list-style-type: none"> <li>Understand the importance of aligning the graphical user interface (GUI) to clinical workflow.</li> <li>Add the identified MU components to the EHR GUI template.(PWH Button, Chart Review, Patient Specific Education)</li> <li>Add the identified EHR V1.1 P11 components to the EHR GUI template (Anticoagulation, Eye Glass Prescription, Level of Intervention (PHN) Components)</li> <li>Add the identified BJPN Prenatal Module Components to the EHR GUI template (Pregnancy Issues &amp; Problems, Prenatal Pick List)</li> <li>Add the identified EHR V1.1 P11 &amp; BJPN Prenatal Module Reports (Graphing (local only), Eyeglass Prescription, Prenatal First Trimester, Prenatal Second Trimester, Prenatal Third Trimester, Prenatal Comprehensive Data Summary, Prenatal Flowsheet, Prenatal Lab Worksheet)</li> <li>Delineate a maintenance process for an EHR GUI template that may be required as software changes and updates occur.</li> <li>Develop a process to apprise end users when significant changes must be made to the EHR user interface.</li> </ul>	Tab 14
4:00	<b>All</b> Wrap-up and Evaluation of Daily Activity: <ul style="list-style-type: none"> <li>Questions and answers</li> <li>Discuss “where do we go from here” (Think Tank)</li> </ul>	
4:30	<b>Adjournment</b>	

<b>Thursday</b>		
8:30	<b>All</b> Review Previous Days Activities(Think Tank)	
8:45	<b>Virtual Clinic Walk Through (Reception, Nursing, Providers, CAC, Coding, HIM)</b>	
10:00	<b>Break</b>	
10:15	<b>EHR End User Training (Nursing &amp; Provider &amp; CAC)</b> Patient Registration & Check In Documentation of Chief Complaint Intake <ul style="list-style-type: none"> <li>• Chief complaint</li> <li>• Vital Signs</li> <li>• Tobacco</li> <li>• Alcohol</li> <li>• Domestic Violence</li> <li>• Depression Screening</li> <li>• Reproductive Factors</li> <li>• Adverse Reactions</li> <li>• Immunization Update</li> <li>• History &amp; Physical</li> <li>• Problem List &amp; POV</li> <li>• E&amp;M and CPT Coding</li> <li>• Patient Education</li> <li>• Treatment Plan</li> <li>• Laboratory POC (<b>Lab Consultants</b>)</li> <li>• Orders <ul style="list-style-type: none"> <li>◦ Outside Labs (<b>Lab Consultants</b>)</li> </ul> </li> <li>• Consults &amp; Consult Tracking</li> </ul>	
12:00	<b>Lunch</b>	
1:00	<b>Medication Menu's &amp; Management (PEI &amp; Providers &amp; Nurses &amp; CAC)</b> <ul style="list-style-type: none"> <li>• Review of Medication Menus (Quick Orders)</li> <li>• Medication Reconciliation</li> <li>• Outside Medications</li> <li>• Auto Finish</li> </ul>	
3:00	<b>EHR End User Training Continued...(Nursing &amp; Provider &amp; CAC)</b>	
4:00	<b>All</b> Wrap-up and Evaluation of Daily Activity: <ul style="list-style-type: none"> <li>• Questions and answers</li> <li>• Discuss "where do we go from here" (Think Tank)</li> </ul>	
4:40	<b>Adjournment</b>	
<b>Friday</b>		
8:30	<b>All</b> Review Previous Days Activities (Think Tank)	
8:45	<b>EHR End User Training Continued...(Nursing &amp; Provider &amp; CAC)</b> <ul style="list-style-type: none"> <li>• <b>Review of Processes</b></li> </ul>	
12:00	<b>Lunch</b>	
1:00	<b>Coding Queue</b> <b>Kelly Samuelson &amp; Deborah Burkybile (CAC &amp; Coding &amp; HIM &amp; Billing)</b> <ul style="list-style-type: none"> <li>• Coding Queue and Third Party Billing</li> </ul>	
2:30	<b>Break</b>	
2:45	<b>Phil Taylor (CAC)</b> Advanced Design Mode <ul style="list-style-type: none"> <li>• Review and demonstrate importing and exporting with VC Manager</li> </ul>	

	<ul style="list-style-type: none"><li>• Demonstrate and create Well Child Module tab</li><li>• Discuss and demonstrate Program Launcher</li><li>• Additional GUI Configuration</li><li>• EHR Troubleshooting</li></ul>	
4:00	<b>All</b> Wrap-up and Evaluation of Daily Activity: <ul style="list-style-type: none"><li>• Questions and answers</li><li>• Discuss “where do we go from here” (Think Tank)</li></ul>	
4:40	<b>Adjourn</b>	